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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter-social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Inspection

<u>A</u>	or th	e 2014 calendar year, or tax year beginning SEP 1, 2014 and e	ending A	<u>UG 31, 2015</u>					
B	Check if applicab	C Name of organization		D Employer identific	cation number				
	Addre chang								
	Name chang	Doing business as	Doing business as						
	] Initial  return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final	1005 Midwort own Dombress Book		(940					
	termir			G Gross receipts \$	6,685,726.				
	Amen			H(a) is this a group re					
$\vdash$	return Applic		ustaf	_					
Ъ.	_Ition pendi	1005 Midwestern Parkway, Wichita Falls,							
	<b>-</b>		TX	H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) or	r 527		list. (see instructions)				
		te: N/A		H(c) Group exemption					
	orm of	organization: X Corporation	L Year o	of formation: 1968  M	State of legal domicile: TX				
- <del>-</del> -	1	Briefly describe the organization's mission or most significant activities: The N	lorth	Texas Rehab	ilitation				
& Governance		Foundation is organized for the purpose o	f rec	eiving gifts	s and				
Ē	2	Check this box   If the organization discontinued its operations or dispose							
Š		Number of voting members of the governing body (Part VI, line 1a)		3	13				
Ğ	ľ	Number of independent voting members of the governing body (Part VI, line 1b)		4	13				
တ္	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0				
ij	6	Total number of volunteers (estimate if necessary)	•	6	15				
Activities	72	Total unrelated business revenue from Part VIII, column(C), line 12		7a	0.				
<b>ĕ</b> ĕ	) L	Net unrelated business taxable income from Form 990-5 line 34000	_ /"		0.				
			7 <i>81</i>	Prior Year	Current Year				
5		1	/8/├─	615,000.	4,537,709.				
9₫	8	Contributions and grants (Part VIII, line 1h)		0.00.	0.				
Ş=	9	Program service revenue (Part VIII, line 2g)	1 <b>%</b>   —		<del></del>				
A Revenue Night	10	investment income (Part VIII, column (A), lines 3, 4, and 70)	_ / }—	406,046.	406,116.				
Ą	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>→</b>	46,081.	27,109.				
=	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,067,127.	4,970,934.				
63	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	716,000.	182,860.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	.	0.	0.				
Expen§ė§ Z	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,300.	34,989.				
\$	16a	Professional fundraising fees (Part IX, column (A), line 11e)		46,953.	48,790.				
ă.	b	Total fundraising expenses (Part IX, column (D), line 25)   91,03	<u> </u>						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,803.	<u>70,135.</u>				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		820,056.	<u>336,774.</u>				
	19	Revenue less expenses. Subtract line 18 from line 12		247,071.	4,634,160.				
589	]		Beg	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		6,143,211.	10,089,844.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		55,830.	15,469.				
캺	22	Net assets or fund balances. Subtract line 21 from line 20		6,087,381.	10,074,375.				
Pa	art II	Signature Block							
Und	er oena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			. /				
		Intal al water	<del></del>	4/-	7-206				
Sign	n	Signature of officer	·····	Date					
Her		Stephen A. (Reno) Gustafson, President							
	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN				
Paid	l	Mac Cannedy Mac Cannedy	[-2	3/31/16 It self-employe	P00123468				
	arer	Firm's name Freemon, Shapard & Story		Firm's EIN	75-0706311				
	Only	Firm's address 807 8th Street, 2nd Floor		, , , , , , , , , , , , , , , , , , , ,					
		Wichita Falls, TX 76301-3381		Phone no / Q	40)322-4436				
Mar	the I	RS discuss this return with the preparer shown above? (see instructions)		T Hone no. ( ).	X Yes No				
ivia	, tile II	to discuss this territt with the higher strown shows, (see histractions)	-		NO				

	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission.
1	The North Texas Rehabilitation Foundation is organized for the purpose
	of receiving gifts and grants of money and property to be used
	exclusively to provide necessary funds for the operation and
	maintenance of North Texas Rehabilitation Center, Inc. which is exempt
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 182,860 · including grants of \$ 182,860 · ) (Revenue \$)
	The North Texas Rehabilitation Foundation is organized for the purpose
	of receiving gifts and grants of money and property to be used
	exclusively to provide necessary funds for the operation and
	maintenance of North Texas Rehabilitation Center, Inc. which is exempt
	under Section 501(c)(3).
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
- <u>-</u>	Total program service expenses ► 182,860.
	Form <b>990</b> (2014)

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11 Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  13 Is the organization asset of line 12a, then completing Schedule D, Parts XI and XII is optional  14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV				Yes	No
2 Is the organization engage in direct or indirect paths of the organization engage in direct or indirect paths of the organization engage in direct or indirect paths of the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II and the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as defined in Neverue Procedure 81-97 If "Yes," complete Schedule C, Part II is the organization as action 501(e)(s) 501(e)(s), or 501(e)(s) organization that receives membership dues, assessments, or aimiar amounts as defined in Neverue Procedure 81-97 If "Yes," complete Schedule C, Part II is the organization maintain any donor advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in early funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts not funds or accounts If "Yes," complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is the organization in amounts for investments of the second count shall, ye serve as a custodian for amounts not listed in Part X, or provide circlet countiesing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VI is build the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VI is build the organization report an amount for final publishings. And equipment in Part X, line 10 If "Yes," complete Schedule D, Part VI is build the organization report an amount for the sastial shall be a second to part X, line 10 If "Ye	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dut the organization in angage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I    Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II    Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II    Section 501(c)(3) organization accions 501(n)(4), 501(c)(6), 501(		If "Yes," complete Schedule A	1	X	
section 50 (r)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II so the organization a section 501(h) (5) (r)(5), or 501(k)(6) (r)(5), or 501(k)(6) (r)(6), or 501(k)(6), or 501(k)	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) or complete Schedule C, Part II  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98197 II *Yes, *complete Schedule C, Part III  5 Did the organization maintain any donor advesed funds or any semilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II *Yes, *complete Schedule D, Part II  6 Did the organization received or hold a conservation essement, including assements to be preserve open space, the environment, historic land areas, or historic structures? II *Yes, *complete Schedule D, Part II  7 Did the organization related and areas, or historic structures? II *Yes, *complete Schedule D, Part II  8 Did the organization report an amount in Part X, line 21, for secretive or custodial account liability, serve as a custodian for amounts not based in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  II *Yes, *complete Schedule D, Part IV  10 Did the organization report an amount for Part X, line 21, for secretive or custodial account liability, serve as a custodian for amounts not based in Part X, in a provide credit counseling, debt management, credit repair, or debt negotiation services?  II *Yes, *complete Schedule D, Part V  10 Did the organization server can sy of the following questions is *Yes, *then complete Schedule D, Part V   11 The organization sanswer to any of the following questions is *Yes, *then complete Schedule D, Part V   12 Did the organization report an amount for revealments other securities in Part X, line 10? If *Yes, *complete Schedule D, Part X   13 Did the organization report an amount for other assests in Part X, line 10? If *Yes, *complete Schedule D, Part X   14 Did the organization report an amount for other assests in Part X, line 10? If *Yes, *complete Schedule D, Part X   15 Did the organizatio	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dung the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(e)(s), 501(e)(s), or 501(e)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:197 If "Yes," complete Schedule C, Part III  Old the organization maintain any doinor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization receive or hold a conservation easement, including easements to preserve open space, or the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III   Yes, Co		public office? If "Yes," complete Schedule C, Part I	_3		X
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
smilar amounts as defined in Revenue Procedure 98-197 (**)*es**, complete Schedule C, Part III but the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**)*Yes**, complete Schedule D, Part II but the organization receive or hold a conservation easement, including easements to preserve open space.  **No delthe organization maintain collections of works of art, historical treasures, or other similar assets? (**)*Yes**, complete Schedule D, Part III but the organization report an amount in IP art X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  **It is complete Schedule D, Part III but the organization will be developed to the organization disease or an amount for investments or the securities in temporally restricted endowments, perimanent endowments, or quasi-endowments? (**If Yes**, complete Schedule D, Part VIII but the organization report an amount for investments or the securities in Part X, line 107 (**If Yes**, complete Schedule D, Part VIII but the organization report an amount for investments or the securities in Part X, line 187 (**If Yes**, complete Schedule D, Part VIII but the organization report an amount for investments or the securities in Part X, line 187 (**If Yes**, complete Schedule D, Part VIII but the organization report an amount for investments or the sax year include a footnote that additional sasets reported in Part X, line 187 (**If Yes**, complete Schedule D, Part X iii but the organization related in amount for the liabilities in Part X, line 187 (**If Yes**, complete Schedule D, Part X iii but the organization related in amount for the liabilities in Part X, line 187 (**If Yes**, complete Schedule D, Part X iii but the organization related in amount for the liabilities in Part X, li		during the tax year? If "Yes," complete Schedule C, Part II	4		X
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 X Y 2 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X X 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X X 3 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, circuit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II II the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V II II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amo		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Dear the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of Works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization or any of the following questions is "Yes," then complete Schedule D, Part V III II the organization and some or any of the following questions is "Yes," then complete Schedule D, Part V, III, VIII, IVI, VIII, IVI, VIII, IVI, VIII, VIII, IVI, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization separation reported an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization of self-and an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization assets	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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Significant Part III  Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization report an amount for limiting and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III III X X  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III III X X  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III III X X  Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X III III X X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X X  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X X  Did the organization as achool described in Sechedule E, Part II III X X  Did the organization report on Part IX, column (A)	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III  Old the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-lendowments? If "Yes," complete Schedule D, Part V  If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other lasbities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other lasbities in Part X, line 257 If "Yes," complete Schedule D, Part X III  Was the organization orbitin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  Was the organization maintain an office, employees, or agents outside of the United States?  Did the organization report a for Part IX, column (A), line 3, more than \$5,000 of grants or other assistanc		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt inegotiation services?  If 'Yes,' complete Schedule D, Part IV'  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasilendowments If 'Pes,' complete Schedule D, Part V III If the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part V III If the organization report an amount for investments other securities in Part X, line 107 If 'Yes,' complete Schedule D, Part V III III III III III III III III III	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization is answer to any of the following questions is "Yes," templete Schedule D, Part VI  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII  15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part X  16 Did the organization organization organization organization and amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  17 Did the organization organization and XIII  18 Did the organization organization and XIII  19 Did the organization organization and XIII  10 Did the organization and XIII  11 Did the organization melded in consolidated, independent audited financial statements for the tax year?  18 Did the organization melded in consolidated, independent audited financial statements for the tax year?  19 Did the organization and XIII  10 Did the organization melded in section 170(DI)(1)(X)(X)(Y) If "Yes," complete Schedule D, Part XI and XIII  11 Did the organization organization		Schedule D, Part III	8_		_X_
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1s the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•		11f		x
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	••	·			
					<u>-^</u>
	b	it res to line Zua, did the organization attach a copy of its audited financial statements to this return?		990	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ŀ		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	( )		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_X_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	] .		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2014)

The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable    The Inter the number of Forms W-2G included in line 1a Enter 0- if not applicable   The Inter the number of Forms W-2G included in line 1a Enter 0- if not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) with more reported on the West of the Organization of the West of the W	Par	Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1098. Enter -0 in not applicable  Enter the number of Forms W2G micked in in the Enter -0 in not applicable  De Child the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with making with payments and the payments to reduce and the payments and the				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming graning winning to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3 In it all least one is reported on in ear. 24, did the organization file affecting defedral employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions)  3 Did the organization have united business greater than 250, you may be required to e-fiel (see instructions)  3 Did the organization have united business greater than 250, you may be required to e-fiel (see instructions)  3 Did the organization have united business greater than 250, you may be required to e-fiel (see instructions)  3 Did the organization have united business greater than 250, you may be required to e-fiel (see instructions)  3 Did the organization have an advantage organization and interest in, or a greater than 360 and a form 360 and a form 360 and	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
to permitting winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return  3 b If at least one is reported on line 22, did the organization file all required federal employment tax returns?  3 b Out the organization have unrelated business gross income of \$1,000 or percent or e-fice feel institutions and \$2 as greater than \$250, you may be required to e-fice feel institutions and \$3 as \$4 the organization have unrelated business gross income of \$1,000 or more during the year?  3 b Out the organization have unrelated business gross income of \$1,000 or more during the year?  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5 b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 c loos the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible?  6 c loos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is charatelle contributions?  5 b liff "Yes," did the organization in extra deductible is contributions under section 170(c).  8 b liff "Yes," did the organization in only the donor of the value of the goods or servoes provided?  7 b Craphizations that may receive deductible contributions under section 170(c).  8 b liff "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible is contributions under section 170(c).  9 b liff "Yes," did the organization sell, exchange, or otherwise dispose of targety because provided?  7 b liff "Yes," did the organization the organizati	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			l
2a Enter the number of employees reported on Form W3. Transmittal of Wago and Tax Statements.    Each   File   Fi	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
held for the calendar year ending with or within the year covered by this return    Table   Fall heast coins reported on line 2a, did the organization file if required federal employment tax returns?   Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   As a different of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   As a different of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   As a different of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   As a different of the sum of the		(gambling) winnings to prize winners?	1c_		Ĺ
b if at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Ab If "Yes," has if field a Form 990-T for this year" If "No," to line 3b, provide an explanation in Schedule O  All any time during the calend year, did the organization have under the under the description of the year of the organization have excess business holdings at any time during the calendary to the year year, and the organization have excess business holdings at any time during the spension of year political year.  If yes, "to the organization is contribution of the year of the organization of the year of the organization of the year of the year of the year of the year of the organization of the year of year of year of year of yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	. 1		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	. 1	1	
3a Det the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b If "Yes," this it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3c If "Yes," this it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3c If "Yes," the time the name of the foreign country (such as a bank account, or other financial account)?  3c If "Yes," to line 5a or 5b, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  3c Was the organization file foreign form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3c Was the organization file foreign form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3d Was the organization file form 8886-17?  5d Was the organization file form 8886-17?  5d Does the organization file form 8886-17?  5d Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  4d If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  5d Did the organization notify the donor of the value of the goods or services provided?  5d Did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," did the organization neceive a pryline of the provided property for which it was required to life	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to re			_ }	ļ	v
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<del>- 12</del>			
					X
	<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			(00

Form 990 (2014) North Texas Rehabilitation Foundation 75-6065860 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_X_	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u> _
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		_X_
p_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u> _
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	7,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		٦,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
109	taxable entity during the year?	16a		х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	Sheila Moeller - (940)322-0771		_	
	1005 Midwestern Parkway East, Wichita Falls, TX 76302			

Form 990 (	2014)	North	Texas	Rehabilitatio	n Foundation	75-6065860	Page				
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees and Independent Contractors										

Check if Schedi	ule O contains a respon	se or note to any line i	n this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

(A)	(B)			(C Posi		1		(D)	<b>(E)</b> Reportable	(F) Estimated
Name and Title	Average hours per		(do not check more box, unless person officer and a direct			than		Reportable compensation	compensation	amount of
	- week							from	from related	other
	(list any	흕						the	organizations	compensation
	hours for	ğ	بها			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		ę,	bens		(W-2/1099-MISC)		organization and related
	organizations below	ualt	tonal		nptoy	ye or	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			
(1) Reno Gustafson	1.00							•		0
Chairman	1 00	X	<u> </u>	X		┢		0.	0.	0.
(2) Bryant Medders	1.00							•	_ `	0
Vice Chairman	1 00	X		X		-		0.	0.	0.
(3) Lola Hampton Pitzer	1.00							,	_	^
Secretary/Treasurer	1 00	X	$\vdash$	X	-	-	_	0.	0.	0.
(4) Mike Castles	1.00	,,				}		0.	105,962.	10,168.
Ex Officio	1 00	X	-		<del> </del>			<u> </u>	105,962.	10,100.
(5) Darrell Coleman	1.00	₹.				ŀ		0.	0.	0.
Director	1 00	X				├	-	0.		
(6) Joe Parker Jr.	1.00	x						0.	0.	0.
Director	1.00	Λ	-		-				<u></u>	<u> </u>
(7) Wilson Scaling	1.00	x						0.	0.	0.
Director	1.00	^	-	-	$\vdash$		<del> </del>			0.
(8) Joe Bauer	1.00	x						0.	0.	0.
Director	1.00	<u> </u>	<del> </del>		-	<del> </del>		<u>.                                    </u>		
(9) Lewis Farmer		X						0.	0.	0.
Director (10) E. Frank Tate	1.00		-			-				
Director		x						0.	0.	0.
(11) Max Vordenbaum	1.00	-	1		-	t				
Director		x						0.	0.	0.
(12) Brent Hillery	1.00			$\Box$						
Director		$\mathbf{x}$						0.	0.	0.
(13) Allen Patrick	1.00									
Director		x						0.	0.	0.
(14) Tom Stephens	1.00									
Director		X						0.	0.	0.
				_						
		1	<u> </u>		_					<u> </u>
		1	1	l	ı	1	1	1	1	I

rai	T VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(40		Pos		i than	000	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	ıs bot	th an	compensation	compensati	on	ar	nount	of
		week	-	cer ar	nd a d	tirecto	or/trus	stee)	from	from relate	· I		other	
		(list any	ecto						the	organization			pensa	
		hours for related	5	8			ated	l	organization	(W-2/1099-MI	SC)		om th	
		organizations	Indiwdual trustee or director	Institutional trustee		e	Highest compensated employee		(W-2/1099-MISC)			_	anızat	
		below	ualtr	bona		Key employee	i i	_					d relat anızatı	
		line)	DMP	1Str	eg egge	ey en	an of the	E E		1		o, g.	21 112QL	0113
			-	<del>-</del> ٔ	۳	<u>  ~</u>	1 0	╫						
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	Cub AsAsI		L		L	l	]		0.	105,9	62	1	0,1	60
	Sub-total	 1 C A			•				0.	103,3	0.		U , I	0.
	Total from continuation sheets to Part VI	i, Section A				٠			0.	105,9		1	0,1	
2	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th		liete		<del>i i</del>	ابد (د	20 K	<del></del>				0,1	00.
2	compensation from the organization	ot innited to th	1056	11516	tu ai	DOV	e) wi	10 16	sceived more triair proc	,000 of reportat	Л <del>С</del>			0
	compensation from the organization		-										Yes	No
3	Did the organization list any former officer,	director or tri	ictor	a ka	or	mole	waa	or l	highaet companeated a	mnlovee on	ſ			
٠	line 1a? If "Yes," complete Schedule J for s		13161	5, NC	y C	npic	усс	, 01 1	nighest compensated e	inployee on	İ	3		Х
4	For any individual listed on line 1a, is the su		ام مد	mn	oner	ation	200	4 0+1	Por componention from	the organization	, I			
7	and related organizations greater than \$150			-						tile Organization		4		х
5	Did any person listed on line 1a receive or a			-						idual for services				
•	rendered to the organization? If "Yes," com	· ·				-		CILL	co organization of mark	IGGER TOT GET VICE.	'	5		X
Sec	tion B. Independent Contractors	piete Ochedali		0, 30	0011	pere	3011		·	<del></del>				
1	Complete this table for your five highest co	mnensated inc	lene	-nde	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	mnens	ation f	rom	
•	the organization Report compensation for										пролос	21.0171		
	(A)		<u> </u>	<u> </u>	<u>g</u> .	****	<u> </u>	T	(B)			(0	<u></u>	
	Name and business	address	NO	INC	R			ł	Description of s	ervices	C		nsatio	n
								Ì						
								T						
													_	
	-													
									·		<u> </u>			
											<del></del>			
2	Total number of independent contractors (ii	ncluding but n	ot III	mıte	d to	tho	se li	sted	above) who received n	nore than				
	\$100,000 of compensation from the organization	zation _▶					<u> </u>		<u> </u>		<u></u>			

North Texas Rehabilitation Foundation

75-6065860 Page 8

	-	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
e i	b		1b					
A, W	С	Fundraising events	1c					
ar it	d	Related organizations	1d					
S,E		Government grants (contribut	ions) 1e					
ion		All other contributions, gifts, gran	•					
the		similar amounts not included abo		4.537.709				
ξÓ	а	Noncash contributions included in lines	<u> </u>	9.948.				
Contributions, Gifts, Grants and Other Similar Amounts		Total, Add lines 1a-1f		<b>•</b>	4 537 709			
				Business Code				
g	2 a							
ه کِ	b				<u></u>			
SS	С							
e all	ď							
Program Service Revenue	е							
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		. >				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		. ▶	134_349			134,349,
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties .		▶	27,109.			27,109,
			(i) Real	(ii) Personal				
	6 a	Gross rents						1
	b	Less: rental expenses						
	С	Rental income or (loss)		l				
	d	Net rental income or (loss) .		<b>&gt;</b>			<del></del>	<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,986,559,					
- 1	b	Less: cost or other basis						
j		and sales expenses	1,714,792.					
1	C	Gain or (loss)	271,767.	<u></u>				
	d	Net gain or (loss) .		<b></b>	271,767,			271,767.
e l	8 a	Gross income from fundraising	g events (not	1	ĺ			1
<u> </u>		including \$	of		1	i		
Other Reven		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а					
퉏		Less direct expenses	ь	L				
		Net income or (loss) from fund	-	<b>_</b>			- <del></del>	<del>                                     </del>
	9 a	Gross income from gaming ac	tivities. See					
]		Part IV, line 19	а					}
		Less: direct expenses	b	L	'	İ		
		Net income or (loss) from gam	-	<b>_</b>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a .	<b></b>	i			
		Less cost of goods sold	b	L				
}	c	Net income or (loss) from sale						
}	4.	Miscellaneous Revenu		Business Code				
l	11 a			<del>                                     </del>		-		<del> </del>
1	b			<del> </del>				<del>                                     </del>
	C	All other revenue						
1		All other revenue		<u> </u>			<del></del>	+
ĺ		Total, Add lines 11a-11d  Total revenue See instructions.			4 970 924	0.		422 225
432001 11-07-	12	TOTAL TEVELINE SEE MISH OCHOUS.			4 970 934		0	433 225. Form <b>990</b> (2014)
11-0/-	14							(-0 (7)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
Da.	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	182,860.	182,860.		<del></del>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,989.			<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u>.</u>
9	Other employee benefits				
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)				
_	Management		· · · · · · · · · · · · · · · · · · ·		<del></del>
b	Legal	5 000	<del></del>	F 000	
C	Accounting	5,000.		5,000.	
	Lobbying .	40.700		<del></del>	40.700
	Professional fundraising services. See Part IV, line 17	48,790.	····		48,790.
f	Investment management fees				<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses		<u> </u>		
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	994.			994.
17	Travel	3,74.			2,7 = •
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,399.			3,399.
20	Interest	3,333.			3/333.
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				<del></del>
24	Other expenses, Itemize expenses not covered	<del></del>			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Custody fees	53,973.		53,973.	
b	Royalty costs	3,413.		3,413.	
C	Printing and reproducti	1,346.			1,346.
d	Minor equipment	1,059.			1,059.
	All other expenses	951.		498.	453.
25	Total functional expenses. Add lines 1 through 24e	336,774.	182,860.	62,884.	91,030.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 409,182. 2 1,417,965. 784,799. 3 Pledges and grants receivable, net 3 10,719. 23,234. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .... 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c 5,590,156. 7,636,673. Investments - publicly traded securities 11 11 127,142. 127,142. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 6,012. 100,031. 15 Other assets, See Part IV, line 11 15 6,143,211. 10,089,844. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 55,830. 17 15,469. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 55,830, 15,469. 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,087,381 9,727,545. 27 27 Unrestricted net assets 321,830. 28 Temporarily restricted net assets 28 25,000. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 6,087,381. 10,074,375. 33 33 Total net assets or fund balances 6,143,211 10,089,844.

Total liabilities and net assets/fund balances

	1990 (2014) North Texas Rehabilitation Foundation	<u>75-0</u>	<u> 5065</u>	<u>860</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	4			34.
2	Total expenses (must equal Part IX, column (A), line 25)	2				74.
3	Revenue less expenses Subtract line 2 from line 1	3				<u>60.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u>81.</u>
5	Net unrealized gains (losses) on investments	5		<u>&lt;81</u>	<u>9,3</u>	80.>
6	Donated services and use of facilities	6				
7	Investment expenses	7	_			
8	Prior period adjustments	8		17	<u>2,2</u>	<u> 14.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u> 10</u>	<u>,07</u>	4,3	<u>75.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: L. Cash X Accrual L. Other			_		_
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O	-			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					}
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in School					}
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audi	t			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audi	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>

Form **990** (2014)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of	the organization						Employer	identification nu	ımber
	Nort	<u>h Texas Re</u>	<u>habilitation</u>	Foun	datio	n	7	<u>5-6065860</u>	)
Part I	Reason for Public	Charity Status (	All organizations must c	omplete th	is part ) Se	e instruction	s.		
The organ	nization is not a private found			-					
1 🖳	A church, convention of ch			d in sectio	n 170(b)(1	)(A)(i).			
2 🖳	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E)						
3 🖳	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	)(b)(1)(A)(ii	i).			
4 📖	A medical research organiz	ation operated in co-	njunction with a hospita	I described	d in section	n 170(b)(1)(A	)(iii). Enter t	he hospital's nan	ne,
	city, and state:								
5 🔝	An organization operated for		llege or university owne	d or opera	ted by a go	overnmental	unit describ	ed in	
. —	section 170(b)(1)(A)(iv). (C								
6	A federal, state, or local go	<del>-</del>				•			
7	An organization that norma	-	intial part of its support	trom a gov	ernmental	unit or from t	he general <sub>l</sub>	oublic described	ın
[	section 170(b)(1)(A)(vi). (C					_			_
8	A community trust describe		· · · · · · · · · · · · · · · · · · ·						
9	An organization that norma								
	activities related to its exen								
	income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	irea by trie of	ganization a	inter June 30, 19	75.
10	See section 509(a)(2). (Cor An organization organized a	•	walu to toot for public or	ofaty Saa	costion EO	O(a)(A)			
10 L	An organization organized a	•	•	•			arny out the	nurnoses of one	or
للما ١١	more publicly supported or								0.
	lines 11a through 11d that							icon the box in	
a X							-	aivina	
<u> </u>	the supported organization								
	organization. You must o								
b 🗀	Type II. A supporting org	• •		tion with it	s supporte	ed organization	on(s), by hav	una	
	control or management o								
	organization(s). You mus			•			•		
c [	Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		ın connec	tion with, a	and functiona	illy integrate	d with,	
	its supported organizatio						•		
d 🗌	Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its suppo	rted organiz	ation(s)	
	that is not functionally int								
	requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	and Part	V.			
е 🗀	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type	II, Type III		
	functionally integrated, or	r Type III non-functio	nally integrated support	ting organi	zation.			, <del></del>	
f Ente	er the number of supported o	organizations						L	1
	vide the following information			let Silvari			<del></del>		
(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the d	irganization in your	(v) Amount o suppor	- L	(vi) Amount o other support (s	
	organization .		above or IRC section	governing		Instruct		Instructions)	
			(see instructions))	Yes	No				
	Texas		_			4.04			
Rehab	<u>ilitation Cent</u>	75-1053631	9	X		187	2,860.		
							1		
	<u> </u>			<del> </del>	<u> </u>			<del> </del>	
			<del></del>						
			<u> </u>		-		<del></del>		
		}			]				
Total				Ì		181	2.860.		0.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

# Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	low, please com	plete Part II )			<del></del>	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	1-7		10,000	1929999		17
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities		<del></del>		<del></del>		
furnished by a governmental unit to						
the organization without charge		•				
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				i		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	<u> </u>	<del></del>				
8 Public support (Subtract line 7c from line 6)				i		. <del> </del>
ection B. Total Support		l	<del>L </del>	l	<del></del>	
alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		1				
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b		1		1		
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			_			
3 Total support (Add lines 9, 10c, 11, and 12)					<u></u>	
4 First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	·					▶[
ection C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2014 (lir	ne 8, column (f) d	ivided by line 13,	column (f))		15	
6 Public support percentage from 2013	Schedule A, Part	III, line 15			16	
ection D. Computation of Inves	tment Incom	e Percentage				
7 Investment income percentage for 201					17	
8 Investment income percentage from 2					18	
9a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						▶[
b 33 1/3% support tests - 2013. If the						and
line 18 is not more than 33 1/3%, chec						►[
20 Private foundation. If the organization						▶[

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I, If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

^					
~~	otion.	^ ^	III Gunna	rtina (Ira	anizations
oc.	GUUII	M. r	นเ อนบบบ	i liiliu Oi u	allizativiis

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		V	No.
		Yes	No_
	1	х	
			v
	2		X
	_3a		_X
	3b		
	_3 <del>c</del>		
			v
	<u>4</u> a		X
	4b		
	4c		<u> </u>
	5a		x
	5b 5c		
	6		Х
	_		
	7		X
	8		<u>X</u>
	9a		X
	9b		Х
	9c		Χ_
	_10a		Х_
	10b		
9	90 or 99	0-EZ)	2014

		06586	0 P	<u>age 5</u>
Га	rt IV   Supporting Organizations (continued)		Voc	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			7.7
800	supervised, or controlled the supporting organization.	<u>  -2</u>	<u></u>	X
Sec	tion C. Type II Supporting Organizations		1	
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			İ
	the supported organization(s).	1	ł	1
Sec	tion D. Type III Supporting Organizations		<b>-</b>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		l	1
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	i		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard.	3	<u></u>	Щ.
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruction	s):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	netructions	e)	
2 2	Activities Test Answer (a) and (b) below.	nsuocuons	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.03	1.00
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ŀ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ŀ		
	how the organization was responsive to those supported organizations, and how the organization determined			ł
	that these activities constituted substantially all of its activities.	2a		j
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b	1	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del> </del>
b	•			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	1

Sche Par	dule A (Form 990 or 990 EZ) 2014 North Texas Rehabilitat			75-60 <u>65860</u> Page (
Ц	Type in item i unetionally integrated cos(a)(c) supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete :	Sections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2_	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	-	<del></del> -	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Pai	t V Type III Non-Functionally Integrated 509			5-6065660 Page 7
		(a)(a) Supporting Orga	ariizations (continuea)	1 2
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>.</u>	
4_	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<del>,</del>		
<u>6</u> .	Other distributions (describe in Part VI). See instructions			
<u>7</u>	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which the	he organization is responsive	)	
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2014 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014		<del></del>	
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:		····	
<u>a</u>				
<u>b</u>				
С				
d				
е_	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 <sup>.</sup> \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013	` `	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2014			

Schedule A Part VI	(Form 990 or 990-EZ) 2014 North Texa	<u>s Renabilit</u>	ation Foundation	75-6065860 Page 8
ran VI	Supplemental Information. Provide the	explanations required	by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
	Also complete this part for any additional inform	nation. (See instruction	18)	
				<del> </del>
				·
		,		
		<del></del>		
			· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
				· · · · · · · · · · · · · · · · · · ·
		<del></del>		

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

Inspection

Name of the organization	Texas Rehabilitat:	on F	011n	dation	75-6065	ntification number
	S. Complete if the organization ans					
Indicate whether the organization rate in a X Mail solicitations     Internet and email solicitations     X Phone solicitations     X In-person solicitations     Did the organization have a written key employees listed in Form 990, b If "Yes," list the ten highest paid in	assed funds through any of the follon of the follon of the follons of the follons of the follons of the follons of the follons of the follons of the following the followi	itation of itation of cial fundra ual (include h profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trust fundraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	-(v) Amount-paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Henderson, Mallory Partners -	Feasability study and	Yes	No			4 076
2838 Montebello Rd, #19,	consulting		Х	0.	4,076,	<4,076,>
SKG Consulting - 2142 Stone Gate, Fredricksburg, TX	Consulting		х	0,	32,130.	<32,130,
		-				
		-				
4						
		<del> </del>				
			· <del></del>			
Total			<b>&gt;</b>		36,206,	<36,206,
3 List all states in which the organizat or licensing.	ion is registered or licensed to soli	cit contrib	oution	s or has been notified	it is exempt from re	egistration

Pa	edu I <b>rt</b> I	II Fundraising Events. Complete if the	rexas Rehabi	<u>litation Found</u> d "Yes" to Form 990. Part	dation 75-	6065860 Page 2 more than \$15,000				
		of fundraising event contributions and g								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
ф			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts .								
	2	Less. Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes .			<del></del>					
S	5	Noncash prizes			· · · · · · · · · · · · · · · · · · ·					
xpense	6	Rent/facility costs		_ = =						
Direct Expenses	7	Food and beverages								
۵	8	Entertainment Other direct expenses								
	10	Direct expense summary Add lines 4 throug								
Pa	rt I	Net income summary. Subtract line 10 from III Gaming. Complete if the organization	answered "Yes" to Forn	1 990, Part IV, line 19, or re	eported more than	<u> </u>				
		\$15,000 on Form 990-EZ, line 6a.			•					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
æ	1	Gross revenue								
Sesu	2	Cash prizes								
Expenses	3	Noncash prizes			<u> </u>					
Direct	4	Rent/facility costs								
	_5_	Other direct expenses								
	6	Volunteer labor	Yes %	Yes%	Yes %					
		7 Direct expense summary Add lines 2 through 5 in column (d)								
	7	Direct expense summary Add lines 2 throug		NO I	<b>&gt;</b>					
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		<b>&gt;</b>					
а	8 Ent		h 5 in column (d) 7 from line 1, column (d) ucts gaming activities activities in each of these		<b>&gt;</b>	☐ Yes ☐ No				
10a	Entitle If "	Net gaming income summary Subtract line ter the state(s) in which the organization condition the organization licensed to conduct gaming a	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities _ activities in each of these	e states? erminated during the tax y	<b>&gt;</b>	Yes No				

Schedule G (Form 990 or 990-EZ) 2014 North Texas Rehabilitation Foundation 75-	6065860	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in		
a The organization's facility .	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
Name ▶		
Address >		<del></del>
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name ►		
Address ▶		<del></del>
16 Gaming manager information.		
Name >		··· <del></del> .
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		<del></del>
birottoi/olitect		
17 Mandatory distributions.		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
retain the state gaming license?	Yes	∐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 1	0b, 15b,
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	rs:	
//\ \\ \= \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(i) Name of Fundraiser: Henderson, Mallory Partners		
(i) Address of Fundraiser: 2838 Montebello Rd. #19, Austin, TX	78746	
(i) Name of Fundraiser: SKG Consulting		
	5050:	<del></del>
(i) Address of Fundraiser: 2142 Stone Gate, Fredricksburg, TX	78724	
432083 08-28-14 Schedule G (For	m 990 or 990	-EZ) 2014

432083 08-28-14

Schedule G	(Form 990 or 990-EŻ)	North	Texas	Rehabilitation	Foundation	75-6065860	Page 4
1 4111	ouppiemental mor	THE COTT (COT	nunueu)				
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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.	

OMB No 1545-0047

Employer identification number Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Department of the Treasury Internal Revenue Service
Name of the organization

North Texas Rehabilitat    Part   General Information on Grants and Assistance	cas Rehabi	litation Fo	ion Foundation				75-6065860
Ses	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the select	lon Y.S.
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	istance? ocedures for mon	itoring the use of grant	funds in the United	d States	 		
131	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "	Yes" to Form 990, Part	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is need	ped			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Texas Rehabilitaion Center					-		
1005 Midwestern Parkway East Wichita Falls, TX 76302	75-1053631	Tax 501(c)(3)	182,860,	0	Actual		Operating expenditures
					-		
					_		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table	and government o	rganizations listed in the	ne line 1 table				
١,,	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2014

432 101 10-15-14

Schedule I (Form 990) (2014)

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Na	me of the organization	Iowth Mo	roa Dobok			ion Poundo	+ i on	Employe			ion nu	mber
P	art I Excess Bene	ofth Te	tions (section 5	01(a)(	Ltat	ion Founda ion 501(c)(4), and 50	LION 11(c)(29) organization	75-6	0000	<u>60</u>		
•	<u> </u>								Λ <b>L</b>			
_						art IV, line 25a or 25b	), or Form 990-EZ, P	art v, iine 4	UD.	(4)	Carro	cted?
1	(a) Name of disqualified p	person (D)	Relationship bet person and o			inied (d	) Description of tran	saction				
			porton and o	94.112						- <del>  Y</del>	es	No
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2	Enter the amount of tax i	nourred by the	organization mar		or die	aualified persons du	and the year under					
2	Enter the amount of tax is section 4958	incurred by the	organization mai	agers	or uisi	quailled persons du	ing the year under	_				
	Enter the amount of tax,	of any on hand	abaua rambur	od by	. iba ar	contration	· · -		· -			<del></del>
3	Enter the amount of tax,	ir any, on line 2	, above, reimburs	sed by	the or	ganization	•		·			
P	art II Loans to and	l/or From Ir	terested Per	sons								
	<del></del>					, Part V, line 38a or F	Form 990 Part IV In	a 26: or if t	he oraș	nızatı	on	
		-	00, Part X, line 5, 6			, rait v, iiile soa oi r	omi 330, Partiv, mi	e 20, 01 ii t	ne orga	II IIZati	OII	
	(a) Name of	(b) Relationship			an to or	(e) Onginal	(f) Balance due	(a) In	(h) Ap	proved	(i) \A	ritten
	interested person	with organization		froi	n the	principal amount	(I) balance due	(g) In default?	by bo	ard or	1 11	ment?
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	art III Grants or As	sistance Be	enefiting Inte	reste	d Pe				Ш		L	
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	(a) Name of interested p		swered "Yes" on			(c) Amount of	(d) Type	of		) Purp	0000	 i
	(a) Name of interested p	berson	(b) Relationship interested pers			assistance	assistan		•	assist:		ı
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

# Schedule L (Form 990 or 990 EZ) 2014 North Texas Rehabilitation Foundation 75-6065860 Page 2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
		<del></del>		Yes No
Max Vordenbaum	Director		Director of	X
Bryant Medders	Director		Director of	X
Brent Hillery	Director	0.	Director of	X
Wilson Scaling	Director	0.	Director of	X
American National Bank & T	Max Vordenbaum serv	0.	American Na	X
SKG Consulting	President of SKG, S	0.	SKG Consult	X
Part V Supplemental Information Provide additional information for response	onses to questions on Schedule L (see i	nstructions).		
Sch L, Part IV, Business T	ransactions Involvin	g Interest	ed Persons:	
(a) Name of Person: Max Vo	rdenbaum			
(d) Description of Transac	tion: Director of re	lated orga	nization, N	orth
Texas Rehabilitation Cente	r.	<del></del>	· · · · · · · · · · · · · · · · · · ·	
(a) Name of Person: Bryant (d) Description of Transac Texas Rehabilitation Cente	tion: Director of re	elated orga	nization, N	orth
(a) Name of Person: Brent	Hillery			
(d) Description of Transac	tion: Director of re	lated orga	nization, N	orth
Texas Rehabilitation Cente	r.			<del></del>
(a) Name of Person: Wilson				
(d) Description of Transac	tion: Director of re	lated orga	<u>nization, N</u>	orth
Texas Rehabilitation Cente	r.		<del></del>	
(a) Name of Person: Americ	an National Bank & T	rust		
(b) Relationship Between I	nterested Person and	l Organizat	ion:	
Max Vordenbaum serves as a	Director for Americ		l Bank & Tr	

Schedule L (Form 990 or 990-EZ) North Texas Rehabilitation Foundation 75-6065860 Page 2  Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
(d) Description of Transaction: American National Bank & Trust provides
custodial services for the Organization's investment assets.
(a) Name of Person: SKG Consulting
(b) Relationship Between Interested Person and Organization:
President of SKG, Sandra Goff, is Bob Goff's, former Director's, wife
(d) Description of Transaction: SKG Consulting provided services for
preparation of the campaign (organization and policies).

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Schedule L (Form 990 or 990-EZ)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 75-6065860 North Texas Rehabilitation Foundation Form 990, Part I, Line 1, Description of Organization Mission: grants of money and property to be used exclusively to provide necessary funds for the operation and maintenance of North Texas Rehabilitation Center, Inc. which is exempt under Section 501(c)(3). Form 990, Part III, Line 1, Description of Organization Mission: under Section 501(c)(3). Form 990, Part VI, Section A, line 4: The Organization amended its Bylaws effective October 15, 2014, which in effect changed its classification to a Type 1 supporting organization. Form 990, Part VI, Section B, line 11: A phone call is made to each member to inform them that the 990 is prepared and ready for review prior to filing the return. Form 990, Part VI, Section B, Line 12c: Conflict of interest questionaires are obtained annually and reviewed for any possible conflicts. Form 990, Part VI, Section C, Line 19: The governing documents are available upon request. Form 990, Part XI, Reconciliation of Net Assets, Line 8 A prior period adjustment was made to bring the beginning mineral

interests to fair value.

Schedule O (Form 990	) or 990-EŻ) (2014)	<u> </u>						Page 2
Name of the organization	ion		Rehabil	itation	Foundatio	n	Employer identifi 75-6065	cation number
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Schedule O (Form 990 or 990-EZ) (2014)

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SCHEDULE R (Form 990) Name of the organization

Partl

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

■ Attach to Form 990.

2014

OMB No 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

North Texas Rehabilitation Foundation

Employer identification number Open to Public Inspection 75-6065860

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income 9 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

(g) Section 512(b)(13) controlled

Direct controlling

Public charity status (if section

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization

foreign country)

section

501(c)(3))

entity

entity?

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Yes

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Rehabilitation

Center

501(c)(3)

Гехав

Physical rehabilitation

75-1053631, 1005 Midwestern Parkway East,

76302

Wichita Falls, TX

North Texas Rehabilitation Center

for patients,

North Texas

75-6065860 North Texas Rehabilitation Foundation Schedule R (Form 990) 2014

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(q)	(0)	(g	(e)	<b>E</b>	(6)	(F)	Ξ	6	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 120 of Schedule – K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Yes No
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(p)	(0)	(p)	(e)	<b>(</b>	(b)	(£)	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	7,13) 1,13) 1,73
		country)		OI trust)		dssets		Yes	2
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	-								
432162 08-14-14						Sche	Schedule R (Form 990) 2014	(066 u	2014

Page 3

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			L	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				ta X
b Gift, grant, or capital contribution to related organization(s)			_ [	1b X
c Gift, grant, or capital contribution from related organization(s)			_	1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g. Sale of assets to related organization(s)				10 X
		•		
j Lease of facilities, equipment, or other assets to related organization(s)				1 X
k Lease of facilities, equipment, or other assets from related organization(s)	;			
Performance of services of membership of fundraising solicitations for related organization(s)   Performance of services of membership of fundraising solicitations by related organization(s)	anization(s) inization(s)			< ×
	inization(s)			-
n Reimbursement paid to related organization(s) for expenses				÷
				+
r Other transfer of cash or nomenty to related organization(s)			,	×
If the answer to any of the above is "Yes," see the instructions for inform	who must complete th	ils line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	pen
(1) North Texas Rehabilitation Center	В	182,860.	.Actual	
② North Texas Rehabilitation Center	Д	34,989.	Actual	
(6)				
(4)				
(5)				
(9)				
432163 08-14-14			Schedule R (F	Schedule R (Form 990) 2014

Page 4

75-6065860

Schedule R (Form 990) 2014 North Texas Rehabilitation Foundation

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

DisproporLocate V-UBI Ceneral or Percentage
Buorations of Schedule K-1
Ves No (Form 1065) Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) 3 Ξ end-of-year Share of assets (f) Share of total income Predominant income parties sec (related, unrelated, 0103) excluded from tax under sections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (state or foreign Legal domicile country) <u>ပ</u> Primary activity <u>@</u> Name, address, and EIN of entity

Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	1 '	North	<u>Texas</u>	Rehabilitat:	ion Fo	<u>oundation</u>	n 75-6	065860	Page 5
Part VII	(Form 990) 2014 <b>Supplemen</b>	tal Infor	mation							
	Provide additio	nal informa	ation for respo	onses to qu	estions on Schedule R (	see instruc	ctions).			
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